

# **Exhibit C**

## FORM B10 (Official Form 10) (10/05)

|  |  |  |  |                                  |
|--|--|--|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF Nevada   |  | PROOF OF CLAIM                   |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>   |  | Case Number<br><b>06-10725-LBR</b>   |  |                                  |
| NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |  |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>Jack R. Clark and Linda C. Reid, husband and wife, as joint tenants with right of survivorship</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.  |  | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent<br><b>Jack R. Clark and Linda C. Reid<br/>9900 Wilbur May Pkwy #4701<br/>Reno, NV 89521-3084<br/>Telephone number 775-853-4754</b>   |  |  |  |                                  |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____  |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>See Exhibit A</b>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |  |                                  |
| <b>2. Date debt was incurred</b> <b>May 2004</b>   |  | <b>3. If court judgment, date obtained</b>   |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.  |  |  |  |                                  |
| <b>Unsecured Nonpriority Claim</b> \$ <b>891,016.03</b><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.  |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <b>unknown</b><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <b>11,862.98</b>   |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  | <b>\$891,016.03</b> <b>891,016.03</b> <b>891,016.03</b><br>(unsecured) (secured) (priority) (Total)  |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  | THIS SPACE IS FOR COURT USE ONLY   |  |                                  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |  |  |                                  |
| Date<br><b>1/8/07</b>  |  | Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><b>Jack R. Clark Linda C. Reid</b>   |  |                                  |

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



FILED JAN 11 2007

FORM B10 (Official Form 10) (10/05)

|  |  |  |  |                                  |
|--|--|--|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>  |  | PROOF OF CLAIM                   |
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE COMPANY</b>   |  | Case Number<br><b>06-10725-LBR</b>   |  |                                  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |  |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>ROBERT ESSAFF &amp; CINDY H. ESSAFF TRUSTEES OF THE ESSAFF FAMILY TRUST DATED 6/18/02</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.  |  | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent<br><b>ROBERT &amp; CINDY H. ESSAFF<br/>2860 HEYBOURNE RD<br/>MINDEN, NV 89423<br/>Telephone number 775-267-5579</b>  |  |  |  |                                  |
| Last four digits of account or other number by which creditor identifies debtor  |  | <input type="checkbox"/> Check here if this claim replaces a previously filed claim dated _____<br><input type="checkbox"/> amends a previously filed claim dated _____  |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>SEE EXHIBIT A</b>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |  |                                  |
| <b>2. Date debt was incurred</b> <b>12/15/03</b>   |  | <b>3. If court judgment, date obtained</b>   |  |                                  |
| <b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |  |  |  |                                  |
| <b>Unsecured Nonpriority Claim \$1,599,184.01</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <b>\$ UNKNOWN</b><br>Amount of arrearage and other charges at time case filed included in secured claim if any <b>\$ 25,280.39</b>  |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  | <b>\$1,599,184.01 / 1,599,184.01 / 1,599,184.01</b><br>(unsecured) (secured) (priority) (Total)  |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  | THIS SPACE IS FOR COURT USE ONLY   |  |                                  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |  |  |                                  |
| Date<br><b>1/11/07</b>   | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><b>ROBERT ESSAFF, TRUSTEE</b><br><b>CINDY H. ESSAFF, TRUSTEE</b> |  |  |                                  |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

USA CMC



1072502382

FILED JAN 16 2007

FORM B10 (Official Form 10) (10/05)

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>   |  | PROOF OF CLAIM                   |
| Name of Debtor <u>USA Commercial Mortgage Company</u>  |  | Case Number <u>06-10725-LBR</u>   |  |                                  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><u>Gold Plated LLC, Dwight W. Harouff, Manager</u>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent<br><u>Dwight W. &amp; Mary Ann Harouff</u><br><u>5680 Ruffian Road</u><br><u>Las Vegas, NV 89149</u><br>Telephone number <u>(702) 873-6688</u>   |  |   |  |                                  |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____   |  |                                  |
| <b>1. Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u>   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____<br><div style="text-align: center;">(date) (date)</div>   |  |                                  |
| <b>2. Date debt was incurred</b> <u>June, 2005</u>   |  | <b>3. If court judgment, date obtained</b>  |  |                                  |
| <b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.  |  |   |  |                                  |
| <b>Unsecured Nonpriority Claim \$ 752,859.27</b><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>11,018.75</u>   |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |  |                                  |
| <b>5. Total Amount of Claim at Time Case Filed</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  | <div style="display: flex; justify-content: space-between;"> <span>\$ <u>752,859.27</u></span> <span>\$ <u>752,859.27</u></span> <span>\$ <u>752,859.27</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div>  |  |                                  |
| <b>6. Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  | THIS SPACE IS FOR COURT USE ONLY  |  |                                  |
| <b>7. Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |                                  |
| <b>8. Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |  | THIS SPACE IS FOR COURT USE ONLY  |  |                                  |
| Date <u>1/9/07</u><br>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><u>Dwight W. Harouff, Manager</u>  |  |   |  |                                  |

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



FILED JAN 10 2007



FORM B10 (Official Form 10) (10/05)

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF <u>Nevada</u>   |  | PROOF OF CLAIM                   |
| Name of Debtor<br><u>USA Commercial Mortgage Company</u>  |  | Case Number<br><u>06-10725-LBR</u>  |  |                                  |
| NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503   |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><u>Aimee E. Kearns, Trustee of the KM Trust</u>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent<br><u>Aimee Kearns</u><br><u>5886 N. Bonita Vista St</u><br><u>Las Vegas, NV 89149</u><br>Telephone number <u>702-240-7162</u>  |  |   |  |                                  |
| Last four digits of account or other number by which creditor identifies debtor   |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____   |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u>   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |  |                                  |
| <b>2. Date debt was incurred</b> <u>9/9/05</u>  |  | <b>3. If court judgment, date obtained</b>  |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations<br><b>Unsecured Nonpriority Claim</b> \$ <u>767,540.46</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  |  |   |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <u>\$ unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>12,135.63</u> |  |                                  |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)  |  | *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed.</b><br>(unsecured) <u>\$767,540.46</u> (secured) <u>767,540.46</u> (priority) _____ (Total) <u>\$767,540.46</u><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  | THIS SPACE IS FOR COURT USE ONLY  |  |                                  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |   |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |  | FILED JAN 10 2007   |  |                                  |
| Date <u>1/8/07</u><br>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><u>Aimee Kearns, Trustee</u>  |  |   |  |                                  |

Not valid for use in cases where the debtor is a debtor in possession of property or is a debtor in possession of property for up to 5 years or both 18 U.S.C.



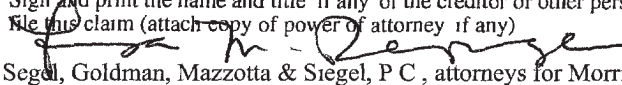
| PROOF OF CLAIM  |  |
|---|--|
| <b>Name of Debtor</b><br><p style="text-align: center;"><i>USA COMMERCIAL MORTGAGE COMPANY</i></p>  | <b>Case Number</b><br>   |
| <b>NOTE</b> See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |
| <b>Name of Creditor and Address</b><br><p><i>JAMES H. LIDSTER FAMILY TRUST</i><br/> <i>DATED 1/20/92</i><br/> <i>C/O JAMES H. LIDSTER &amp; PHYLLIS M. LIDSTER</i><br/> <i>TRUSTEES</i><br/> <i>P.O. Box 2577</i><br/> <i>MINDEN, NV 89423</i></p>  | <div style="font-size: x-small;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.         </div> <div style="font-size: x-small;"> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.         </div> <div style="font-size: x-small;"> <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.         </div> |
| <b>Creditor Telephone Number</b> <i>(775) 267 9924</i><br><b>Last four digits of account or other number by which creditor identifies debtor</b>  | <div style="font-size: x-small;"> <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b><br/>           If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.         </div> <div style="text-align: center; font-weight: bold; font-size: small;">THIS SPACE IS FOR COURT USE ONLY</div>   |
| Check here <input type="checkbox"/> if this claim replaces a previously filed claim dated _____ or <input type="checkbox"/> amends  |  |
| <b>1. BASIS FOR CLAIM</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold<br/> <input type="checkbox"/> Services performed<br/> <input checked="" type="checkbox"/> Money loaned         </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Taxes<br/> <input checked="" type="checkbox"/> Other (describe briefly) <u>SEE EXHIBIT A</u> </div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br/>           Last four digits of your SS #: _____<br/>           Unpaid compensation for services performed from _____ to _____ (date)         </div> <div> <input type="checkbox"/> Unremitted principal<br/> <input type="checkbox"/> Other claims against servicer (not for loan balances)         </div> </div> |  |
| <b>2. DATE DEBT WAS INCURRED</b> _____ <b>3. IF COURT JUDGMENT, DATE OBTAINED</b> _____   |  |
| <b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |  |
| <b>UNSECURED NONPRIORITY CLAIM \$ 602,096.29</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.  | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>UNKNOWN</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>7,171.90</u>   |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>  |
| <b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br><div style="display: flex; justify-content: space-between;"> <div>           \$ <u>602,096.29</u> (unsecured)<br/> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.         </div> <div>           \$ <u>602,096.29</u> (secured)<br/>           \$ _____ (priority)<br/>           \$ <u>602,096.29</u> (Total)         </div> </div>  |  |
| <b>6. CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |
| <b>7. SUPPORTING DOCUMENTS.</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |
| <b>8. DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units).   |  |
| <b>DATE</b><br><i>1/10/07</i>   | <b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><p style="text-align: center;"><i>Phyllis M. Lidster, Trustee</i></p>  |

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571



FILED JAN 12 2007

## FORM B10 (Official Form 10) (10/05)

|   |  |  |  |                                  |
|---|--|--|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF Nevada   |  | PROOF OF CLAIM                   |
| Name of Debtor<br>USA Commercial Mortgage   |  | Case Number<br>06-10725  |  |                                  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |  |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br>Morris Massry  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  |                                  |
| Name and address where notices should be sent<br>c/o Segel, Goldman, Mazzotta & Siegel, P.C.<br>9 Washington Square<br>Albany, New York 12205<br>Telephone number 518.452.0941  |  |  |  | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor   |  | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____  |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Other _____   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____<br><div style="text-align: center;">(date) (date)</div>  |  |                                  |
| <b>2 Date debt was incurred</b><br>See attached Schedule "A"  |  | <b>3 If court judgment, date obtained</b>  |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |  |  |  |                                  |
| <b>Unsecured Nonpriority Claim</b> \$ _____<br><br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  | <b>Secured Claim</b><br><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ 1,802,040   |  |                                  |
| <b>Unsecured Priority Claim</b><br><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br><br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br>\$ _____ (unsecured) \$ 1,802,040 (secured) \$ 1,802,040 (priority) \$ 1,802,040 (Total)   |  |  |  |                                  |
| <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |  |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |  |  | THIS SPACE IS FOR COURT USE ONLY |
| <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |  |  |  |                                  |
| Date<br>1/02/07   | Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><br>Segel, Goldman, Mazzotta & Siegel, P.C., attorneys for Morris Massry |  |  |                                  |



FILED JAN 09 2007



FORM B10 (Official Form 10) (10/05)

|  |   |  |                |
|--|---|--|----------------|
| UNITED STATES BANKRUPTCY COURT   |   | DISTRICT OF <u>Nevada</u>  | PROOF OF CLAIM |
| Name of Debtor <u>USA COMMERCIAL MORTGAGE COMPANY</u>  |   | Case Number <u>06-10725-LBR</u>  |                |
| NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |  |                |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>GARY I. &amp; BARBARA L. MILLER TRUSTEES OF THE GARY I. &amp; BARBARA L. MILLER TRUST DATED 8-13-87</u>   |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.  |                |
| Name and address where notices should be sent<br><u>GARY I. MILLER</u><br><u>2832 TILDEN AVE.</u><br><u>LOS ANGELES, CALIF 90064</u><br>Telephone number <u>310 4787447</u>  |   | THIS SPACE IS FOR COURT USE ONLY   |                |
| Last four digits of account or other number by which creditor identifies debtor  |   |  |                |
| Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____  |   |  |                |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>SEE EXHIBIT A</u>  |   | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ (date) to _____ (date)  |                |
| 2. Date debt was incurred <u>MARCH 2001</u>  |   | 3. If court judgment, date obtained _____  |                |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.<br>Unsecured Nonpriority Claim \$ <u>555,683.00</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.  |   |  |                |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |   | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <u>UNKNOWN</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>7,383.00</u> |                |
| Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |   |  |                |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   | <u>\$555,683.00</u> (unsecured) <u>\$555,683.00</u> (secured) <u>\$555,683.00</u> (priority) <u>\$555,683.00</u> (Total)   |                |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   | THIS SPACE IS FOR COURT USE ONLY   |                |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |  |                |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   |  |                |
| Date<br><u>1-8-06</u>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><u>GARY I. MILLER TRUSTEE</u> |  |                |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§



FILED JAN 11 2007



| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA  |  | PROOF OF CLAIM  |  |
|---|--|---|--|
| Name of Debtor<br>USA Commercial Mortgage Co.   |  | Case Number<br>06-10725-LAR   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |  |
| Name of Creditor and Address<br>Dennis Raggi<br>PO Box 10475<br>Zephyr Cove, Nevada 89448-2475  |  | DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS<br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| Creditor Telephone Number ( ) 735 901 1357  |  |   |  |
| Last four digits of account or other number by which creditor identifies debtor   |  | Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____   |  |
| <b>1. BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input checked="" type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br><input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <u>FRAUD</u> Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)<br><b>2. DATE DEBT INCURRED</b> <u>6-30-06</u> <b>3. IF COURT JUDGMENT, DATE OBTAINED</b> _____  |  |   |  |
| <b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>UNSECURED NONPRIORITY CLAIM</b> \$ <u>10451.54</u><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.<br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim: _____<br><input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 USC § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 USC § 507(a)(5)<br><b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral: _____<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim if any: \$ _____<br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 USC § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 USC § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 USC § 507(a) (____).<br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |   |  |
| <b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>10451.54</u> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ <u>10451.54</u> (Total)<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |  |
| <b>6. CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7. SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8. DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units).<br><b>BY MAIL TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><b>BY HAND OR OVERNIGHT DELIVERY TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245  |  |
| <b>DATE</b> 12-29-2006<br><b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br>Dennis Raggi   |  | FILED JAN 08 2007   |  |



USA CMC

FORM B10 (Official Form 10) (10/05)

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>   |  | PROOF OF CLAIM                   |
| Name of Debtor<br><u>USA Commercial Mortgage Company</u>   |  | Case Number<br><u>06-10725-LBR</u>  |  |                                  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><u>Dennis Raggi, A married man dealing with his sole &amp; separate property</u>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  |                                  |
| Name and address where notices should be sent<br><u>Dennis Raggi</u><br><u>PO Box 10475, Zephyr Cove, NV 89448</u><br>Telephone number <u>775-901-1357</u>   |  | Last four digits of account or other number by which creditor identifies debtor   |  | THIS SPACE IS FOR COURT USE ONLY |
| 1. Basis for Claim<br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |  |                                  |
| 2. Date debt was incurred<br><u>NOVEMBER 2003</u>  |  | 3. If court judgment, date obtained:  |  |                                  |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |  |   |  |                                  |
| Unsecured Nonpriority Claim <u>\$2,442,034.35</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  | Secured Claim<br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <u>\$ unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any <u>\$ 36,892.29</u>   |  |                                  |
| Unsecured Priority Claim<br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |
| 5. Total Amount of Claim at Time Case Filed  |  | <u>\$2,442,034.35</u> <u>\$2,442,034.35</u> <u>2,442,034.35</u><br>(unsecured) (secured) (priority) (Total)   |  |                                  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |  |                                  |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |   |  | THIS SPACE IS FOR COURT USE ONLY |
| 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |                                  |
| 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |                                  |
| Date <u>1/8/2007</u><br>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><u>[Signature]</u>  |  |   |  |                                  |

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. § 1573.

USA CMC



1072502226

FILED JAN 12 2007